RECEIVED

CAMPAI	GN FINANCE REPO	RT		MAR 28 PM 2: 29
MA SPACE COUNTY A CONTROL CONTROL	MITTEES OF WISC			601/m
Is This Report an Amendment: Yes	⋈ No		ACCO	GOVERNMENT UNTABILITY BOARD
Instructions for completing schedules are on the b	ack of each schedule.		•	- Antip
COMMITTEE IDENTIFICATION				
Recall Dave Hansen Street Address				
935 Elmore 5+.			OF	FICE USE C:NLY
Green Bay WI 543	03		06	0000
Please check if address is different than previously reported,	and complete the Campaign	Registration Sta	atement in t	he back of this form.
NAME OF REPORT				
☐ January Continuing ☐ Pre-Primary			cial	_
July Continuing Pre-Election	Spring Fine		ial	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colum	n D	
DISBURSEMENTS	This Period	Calend		
1. RECEIPTS		Year-To-	-Date	
1A. Contributions (Including Loans) from Individuals	s वाप्य	\$ 914.	45	
1B. Contributions from Committees (Transfers-In)	\$200	\$ 200		
1C. Other Income and Commercial Loans	\$ O	s O		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s 1114 45	\$ 1114	45	x.
2. DISBURSEMENTS		11111		
2A. Gross Expenditures	s 1096. ²³	s 1096	96	
2B. Contributions to Committees (Transfers-Out)	s O	\$ <i>O</i>		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	s 1096. ²³	\$ 1096	23	
CASH SUMMARY		, , , ,	, <u>•</u>	
Cash Balance Beginning of Report	s O			
Total Receipts	\$1114.45			
Subtotal	\$ 111 4.45			
Total Disbursements	\$ 1096.23			
CASH BALANCE END OF REPORT	s 18.22			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	8			
LOANS (Balance at the Close of This Period-3B)	5 0			
I certify that I have examined this report and to the best of		it is true, corre	ct and com	plete.
_ 1	ature of Candidate or Treasurer	0 1	Date: 3/	विव विव ।
David VanderLeest	David Vando	Frook,		me: 920-672.8513

NOTE: The information on this form is r ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prese

he information may subject you to the penalties of

ed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page ___ of ___

Complete Com	nittee Name			
Kec	all Dave Hansen			
Instructions fo	r completing schedules are on the back of ea	ach schedule.		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Ca' ndar
3/1/200	Daniel Eckert NG038 Cty TK D Kewaunee, WI Stalb	Or Employment (if year-to-date total exceeds \$ 100)		Year-tr Jate Total
]	N 6038 C+y TK D	, 	\perp \prec \cap	70
Ì	Kewaunee, WI Syall	1 		
}		1 	•	
	Check if: III In-Kind III Loan II Conduit	Conduit Name:		,
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar
7 /7 /200	Michael Holaska	Of Employment (if year-to-date total exceeds \$100)	200	Year-to-Date Total
J 20.	3727 E. Van Morman Ave.))		200
ļ	Cod any WI53110			200
	200 1114 20 T 22110			
8	Check if: Dis-Kind Disant Conduit	Conduit Name:		ş!
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
3/2/0	Kula Kraanina	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
المحمد را د	Kyle Kroening 1858 Lenwood Ale		10	18
			18	10
	Green Bay WI54303			
	Charlies File Kind File	Cond. (A NI		
- Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calondar
3 .0.	Kathana V	Of Employment (if year-to-date total exceeds \$100)	Allouik	Year-to-Date Total
3 Date	Katherin Kautz		1 1 /	16
		† K		[' \ _
	Richfield WI 53076		• •	
		2000 - 100 WO MARKES		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
	10_100	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	C: Indar Year-tc Date Total
1 /2 /2011	David VandorLeest	Prelude LLC	651.45	120
	10 10 1Cty Kd G	2890 clifford (+	651.	651.45
j	Coleman WI 54112	Green Bay WI 54311		
		Green issy of 1 7 is		†
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1 1	· ·			Teal-to-sate rotal
1			Į.	
			1	
	Check if: ☐ In-Kind ☐ Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1		The state of the s		Tear-to-Date Total
			1	
	Check if: In-Kind Loan Conduit	Conduit Name:	000000 <u>100</u> 00-00	
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1			Ì	Tost-to-Date Total
	•			
1	ļ		1	
}	į			
1	Check if: In-Kind Loan Conduit	Conduit Name:	200	,
	A. 184	OTAL MEMIZED AGUTAIDUTIONS		914.45
	SUBTO	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	* 1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
			. 22	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	حرد، ه	
	TOTAL COM	ITRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	914,45

DISBURSEMENTS Gross Expenditures

Page 1 of 1

Complete Com	mittee Name .gll Dave Hansen		
	or completing schedules are on the back of each schedule.		
Date 3 /3 /20	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3 /3 /-	MASSAPPEAL 2247 Shawar. Ave Green Bay 54303	T Shirts	264.59
Date	Check it: In-Kind Offset Full Name, Mailing Address and Zin Code	Specific Purpose of Expenditure	Amount
2 188/201	1 2247 Sh. J. D.	TShirts	22472
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code		
3 10 20	Of Person or Business to Whom Payment is Made City of Green Ray	Specific Purpose of Expenditure Rent Park	Amount
	Green Bay WI 5420,	Shelter	150
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Dumana of Europe diferen	
2 127120	Of Parson or Pusinger to Miles - December 1- 44-4	Specific Purpose of Expenditure Advintisina	226. 26
Dut	Check if:		
2 / 27/201	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1000 1000 1000 1000	Creen Bay ~ 7 54303 Check if: 1 In-Kind Offset	Clipboards	15.77
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
ווסברבי ב	Of Person or Business to Whom Payment is Made Wal Green 5 1165 W. Mason St	Clip boards	
ij	Creen Bay W I 54303 Check if: In-Kind Offset	Pens	14.89
Date 3 /17/2011	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
المعدد الرار	Prelude LLC 2890 Clifford Ct Green Bay WI 5	office Rent	200
	Check if: In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
J I	aymun is made		
	Check if: I In-Kind Offset		
	SUBTOTAL ITE	EMIZED EXPENDITURES THIS PAGE	: 1096. ²³ : 30.66 : 1096. ²⁸
TOTAL ITEMIZED EXPENDITURES			, 1096. 23
	TOTAL UNITEM	NIZED EXPENDITURES \$20 OR LESS	<i>3</i> 0.66
		TOTAL EXPENDITURES	, 1096, 23

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

	١.	1
Page _	L_ of	

Complete Committee Name		
Recall DAVE	HANSCN	
Accase Dive	11/1/1/2010	

Instructions for completing schedules are on the back of each schedule.

V Care	CRG NETWORK 9272NThrush LN	Amount	Calenda
26/201	1 CORDINET WOLK	200	Year-To-Date Total
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 Tatan Thrush LN	200	1 200
			200
	Check if: In-Kind Loan	l.	
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1	97.	1 3//22/11	Year-To-Date Total
, ,		1	
1			1
	Check if: I In-Kind I Loan	1	•
Date	Full Name of Committee, Mailing Address and Zip Code		
20 20	The second state of the se	Amount	Calenda Year-To-Date Total
1 1			rear-ro-Date rotal
]	Ť
	Check if: In-Kind I Loan	1	1
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date otal
200 7000		1	
1			
2000	Check if: ☐ In-Kind ☐ Loan		
Date	Full Name of Committee, Mailing Address and Zip Code		
		Amount	Calendai Year-To-Date Total
1 1			Teal-10-Date .otal
Date	Check if:		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calenda
1 1		1	Year-To-Date Total
			•
	Check if: In-Kind In Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1	995 S S S S S S S S S S S S S S S S S S	Altour	Year-To-Date Total
, ,		ŀ	
]	1 1
	Charlet F. F. to W T.	İ	1
Date	Check if: In-Kind L Loan Full Name of Committee, Mailing Address and Zip Code		1
	Adultess and Zip Code	Amount	Calendar
1 1	1		Year-To-Date Total
		ļ	
	_		
	Check if: In-Kind Loan		1
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date otal
51 1868			
	Check if: In-Kind Loan	1	
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	
		Amount	Calend. Year-To-Date Total
1 1			, con lo Date Idai
	Charles Colored Colored	ŀ]
	Check if: [1] In-Kind		
	CURTOTAL ACUST TO THE TOTAL TOT	060	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	1 \$ 200	
			ŀ
		:200 :200	
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$1s \ acc$	
	, and the second		